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REISSUE APPLICATION FEE TRANSMITTAL FORM								Docket Number (Optional)			
								CSI-1260			
Cialitis as Filed - Falt 1										1333	
Claims in Patent	For	Number Filed in Reissue Application		Number Extra		Rate	Fee		Rate	Fee Control Entity	
(A)	Total Claims	(B)		****	=	x \$ =	100		raic	ADEMANY	
(C)	(37 CFR 1.16(j)) Independent	(D)				ΛΨ		or	× \$=		
(-)	Claims (37 CFR 1.16(i))		_			x \$=			x \$=	<u>.</u> .	
Basic Fee (37 CFR 1.16(h))										\$	
To					otal Filing Fee				OR	\$	
Claims as Amended - Part 2											
	(1) Çlaimş Remainir	ng	(2) Highest Nur	nber	(3) Extra	Small E	ntity		Other than	a Small Entity	
	After Amendme	nt	Previous Paid Fo	ly r	Claims Present	Rate	Fee		Rate	Fee	
Total Claims (37 CFR 1.16(j))	*** 57	MINUS	** 48		= 9	x \$ =		or	x \$ <u>18</u> =	162.00	
Independent Claims (37 CFR 1.16	*** 8 (i))	MINUS	***** 5		= 3	x \$ =		Ui.	x \$=	234.00	
			To	otal A	dditional	Fee	\$		OR	\$ 396.00	
### If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). #### "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). ###################################											
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